



**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF GENERAL SERVICES**

COUNTY GOVERNMENT CENTER • SAN LUIS OBISPO, CALIFORNIA 93408 • (805) 781-5200

DUANE P LEIB, DIRECTOR

**REQUEST FOR PROPOSAL PS-#961**

**TOBACCO CESSATION PROGRAM FOR PREGNANT WOMEN, PARENTS  
OF NEWBORNS, OTHER FAMILY MEMBERS OF CHILDREN AGE 0-5, AND  
THE GENERAL POPULATION**

**May 21, 2007**

The County of San Luis Obispo is currently soliciting proposals for professional tobacco cessation services for:

- 1) Pregnant women, parents of newborns, parents and other family members of children age 0-5, and
- 2) General population cessation services.

Each proposal shall specify each and every item as set forth in the attached specifications. Any and all exceptions must be clearly stated in the proposal. Failure to set forth any item in the specifications without taking exception, may be grounds for rejection. The County of San Luis Obispo reserves the right to reject all proposals and to waive any informalities.

If your firm is interested and qualified, please submit an original and four (4) copies of your proposal by 5:00 p.m. on June 22, 2007.

County of San Luis Obispo  
Jack Markey, Central Services  
1087 Santa Rosa Street  
San Luis Obispo, CA 93408

If you have any questions about the proposal process, please contact me. For technical questions and information, contact Susan Hughes, Tobacco Control Program Manager at (805) 781- 5564.

JACK MARKEY  
Supervising Buyer - Central Services Division  
jmarkey@co.slo.ca.us

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**Tobacco Cessation Program for Pregnant Women, Parents of Newborns,**  
**Other Family Members of Children Age 0-5, and the General Population**

**TO:            ALL PROSPECTIVE PROPOSERS**  
**SUBJECT:    LOCAL PROPOSERS PREFERENCE**

The County of San Luis Obispo has established a local vendor preference. All informal and formal Request for Proposals for contracts will be evaluated with a 5% preference for local vendors. Note the following exceptions:

1. Those contracts which State law or, other law or regulation precludes this local preference,
2. Public Works construction projects.

A "local" vendor will be approved as such when, 1) it conducts business in an office with a physical location within the County of San Luis Obispo; 2) it holds a valid business license issued by the County or a city within the County; and 3) the business has been conducted in such a manner for not less than six (6) months prior to being able to receive the preference.

As of March 3, 1994 individual County Buyers evaluate RFP's (Request For Proposals) considering the local vendor preference described above. The burden of proof will lie with proposers relative to verification of "local" vendor preference. Should any questions arise, please contact a buyer at (805) 781-5200. All prospective proposers are encouraged to quote the lowest prices at which you can furnish the items or services listed in County proposals.

	YES	NO
Do you claim local vendor preference?		
Do you conduct business in an office with a physical location within the County of San Luis Obispo?		
Business Address: _____ _____		
Years at this Address: _____		
Does your business hold a valid business license issued by the County or a City within the County?		
Name of Local Agency which issued license: _____		

Business Name: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Request for Proposal  
To Provide**

Tobacco Cessation Services to Pregnant Women, Parents of Newborns, Parents and  
Other Family Members of Children Age 0-5 and General Population.

by  
County of San Luis Obispo  
Health Agency,  
Public Health Department, Tobacco Control Program

Fiscal Year 2007 - 2009

Gregory Thomas, M.D., M.P.H.  
Susan K. Hughes, Program Manager II

Tobacco Control Program  
c/o San Luis Obispo County Public Health  
2995 McMillan Ave. #282  
San Luis Obispo, CA 93401  
shughes@co.slo.ca.us  
Susan K. Hughes, Program Manager II  
(805) 781-5564

## **I. GENERAL INFORMATION**

### **A. Purpose of this request for proposal**

The purpose of this RFP is to solicit contractors to provide tobacco cessation services in San Luis Obispo County to the following target populations:

- 1) Pregnant women and parents of newborns up to 6 months of age,
- 2) Parents and other family members of children 6 months to 5 years of age, and
- 3) All others requesting cessation services (General Cessation Services).

Applicants must be either a community-based organization, for-profit or non-profit entity, association (including a joint venture), public or private agency, corporation, located in San Luis Obispo County with demonstrated:

- 1) Ability to conduct tobacco cessation programs,
- 2) Experience working with one or more of the target populations, and
- 3) Ability to work cooperatively with other agencies.

Expertise in proposed tobacco cessation services is preferred.

Non-profit, public charity, religious and other similar organizations exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code must submit proof of their non-profit status.

### **B. Historical overview**

In 2001, the San Luis Obispo County Public Health, Tobacco Control Program, received a grant from the First 5 Children and Families Commission to develop the Baby's First Breath Program. From 2001 through 2006, the two focus areas of the Baby's First Breath program have been:

- 1) Cessation services to pregnant women, parents of newborns up to six months of age, and parents and other family members of children 6 months to 5 years of age, and
- 2) Educational presentations to the community on the hazards of Environmental Tobacco Smoke.

In 2001, with Master Settlement Funds, the Tobacco Control Program also began providing General Cessation Services to all other clients not served by the Baby's First Breath Program.

From July 1, 2007 to June 30, 2009, the Tobacco Control program will continue to:

- 1) Provide an educational component to the community on the hazardous effects of environmental tobacco smoke,
- 2) Accept and screen referrals for cessation services,
- 3) Refer requests for cessation services to the contractor,
- 4) Follow-up with clients at six months and 12 months after completing cessation services to determine if client has quit or continued smoking or using other tobacco products,

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- 5) Promote the program to health care providers and the community (e.g. advertising, distributing brochures and outreach to providers), and
- 6) Oversee the provision of cessation services as awarded through this RFP.

**C. Preferred Model of Services**

Lessons learned from implementation of the San Luis Obispo County Tobacco Program from 2001 – 2006 include the following:

- 1) Pregnant women and parents of children ages 0-5 responded more effectively to cessation counseling services in a one-on-one setting.
- 2) Clients who received General Cessation Services responded more effectively to cessation services in a group setting, typically receiving between 4-6 sessions.

**Preference will be given to proposed cessation services based on “best practices”, or that have a history of demonstrated results and most closely align with items 1 and 2 in this section (C).**

**D. Required Program Goals**

Preference will also be given to those program models that contain activities most likely to achieve the following required goals:

**Objective 1A**

By June 30, 2009 to provide tobacco cessation services to at least **50** pregnant women and parents of newborns, ages 0-6 months, annually.

**Objective 1B**

By June 30, 2009 to achieve at least a **25%** tobacco quit rate at six months after cessation program enrollment as self-reported by pregnant women and parents of newborns.

**Objective 2A**

By June 30, 2009 to provide tobacco cessation services to at least **50** parents and family members of children ages 6 months to 5 years, annually.

**Objective 2B**

By June 30, 2009 to achieve at least a **25%** tobacco quit rate at six months after cessation program enrollment as self-reported by parents and family members of young children.

**Objective 3A**

By June 30, 2009 to provide general tobacco cessation services to at least **150** clients other than parents and family members of children ages 0 to 5 years, annually.

**Objective 3B**

By June 30, 2009 to achieve at least a **25%** tobacco quit rate at six months after program enrollment as self-reported by clients receiving general cessation services (clients other than parents and family members of young children.)

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**E. Contact information**

The San Luis Obispo County Public Health Department, Tobacco Control Program, will serve as the contact agency and fiscal agent for this project. The Tobacco Control program will receive and screen all requests for cessation services. **Clients seeking cessation services will be screened and referred to the Contractor by staff at the Tobacco Control Program.**

**F. Available funds**

The award for this RFP is for two years from July 1, 2007 through June 30, 2009. There will be \$200,000 available over two fiscal years, \$100,000 annually.

**G. RFP timeline**

RFP Distribution	May 21, 2007
Proposer's Conference	May 29, 2007 – 10:00 a.m., San Luis Obispo County Tobacco Control Program, 2995 McMillan Ave. #282, San Luis Obispo, CA 93401
Proposal Due Date	June 22, 2007
Award Decisions	July 6, 2007
Service Delivery Begins	August 1, 2007

**H. Insurance**

Consultant, at its sole cost and expense, shall purchase and maintain the insurance policies set forth below on all of its operations under this Agreement. Such policies shall be maintained for the full term of this Agreement and the related warranty period (if applicable) and shall provide products/completed operations coverage for four (4) years following completion of Consultant's work under this Agreement and acceptance by the County. Any failure to comply with reporting provision(s) of the policies referred to above shall not affect coverage provided to the County, its officers, employees, volunteers and agents. For purposes of the insurance policies required hereunder, the term "County" shall include officers, employees, volunteers and agents of the County of San Luis Obispo, California, individually or collectively.

**1. MINIMUM SCOPE AND LIMITS OF REQUIRED INSURANCE POLICIES**

The following policies shall be maintained with insurers authorized to do business in the State of California and shall be issued under forms of policies satisfactory to the County:

**a. COMMERCIAL GENERAL LIABILITY INSURANCE POLICY ("CGL")**

Policy shall include coverage at least as broad as set forth in Insurance Services Office (herein "ISO") Commercial General Liability coverage. (Occurrence Form CG 0001) with policy limits not less than the following:

\$1,000,000 each occurrence (combined single limit);  
\$1,000,000 for personal injury liability;  
\$1,000,000 aggregate for products-completed operations; and,  
\$1,000,000 general aggregate.

The general aggregate limits shall apply separately to Consultant's work under this Agreement.

b. **BUSINESS AUTOMOBILE LIABILITY POLICY ("BAL")**

Policy shall include coverage at least as broad as set forth in Insurance Services Office Business Automobile Liability Coverage, Code 1 "Any Auto" (Form CA 0001). This policy shall include a minimum combined single limit of not less than One-million (\$1,000,000) dollars for each accident, for bodily injury and/or property damage. Such policy shall be applicable to vehicles used in pursuit of any of the activities associated with this Agreement. Consultant shall not provide a Comprehensive Automobile Liability policy which specifically lists scheduled vehicles without the express written consent of County.

c. **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY ("WC/EL")**

This policy shall include at least the following coverages and policy limits:

1. Workers' Compensation insurance as required by the laws of the State of California; and
2. Employer's Liability Insurance Coverage B with coverage amounts not less than one million (\$1,000,000) dollars each accident/Bodily Injury (herein "BI"); one million (\$1,000,000) dollars policy limit BI by disease; and, one million (\$1,000,000) dollars each employee BI by disease.

2. **DEDUCTIBLES AND SELF-INSURANCE RETENTIONS**

Any deductibles and/or self-insured retentions which apply to any of the insurance policies referred to above shall be declared in writing by Consultant and approved by the County before work is begun pursuant to this Agreement. At the option of the County, Consultant shall either reduce or eliminate such deductibles or self-insured retentions as respect the County, its officers, employees, volunteers and agents, or shall provide a financial guarantee satisfactory to the County guaranteeing payment of losses and related investigations, claim administration, and/or defense expenses.

3. **ENDORSEMENTS**

All of the following clauses and endorsements, or similar provisions, are required to be made a part of insurance policies indicated in parentheses below:

- a. A "Cross Liability", "Severability of Interest" or "Separation of Insured" clause (CGL & BAL);
- b. The County of San Luis Obispo, its officers, employees, volunteers and agents are hereby added as additional insured with respect to all liabilities arising out of Consultant's performance of work under this Agreement (CGL & BAL);
- c. If the insurance policy covers an "accident" basis, it must be changed to "occurrence" (CGL & BAL);
- d. This policy shall be considered primary insurance with respect to any other valid and collectible insurance County may possess, including any

self-insured retention County may have, and any other insurance County does possess shall be considered excess insurance only and shall not be called upon to contribute to this insurance (CGL, BAL & PL);

- e. No cancellation or non-renewal of this policy, or reduction of coverage afforded under the policy, shall be effective until written notice has been given at least thirty (30) days prior to the effective date of such reduction or cancellation to County at the address set forth below (CGL, BAL, WC/EL & PL);
- f. Consultant and its insurers shall agree to waive all rights of subrogation against the County, its officers, employees, volunteers and agents for any loss arising under this Agreement (CGL); and
- g. Deductibles and self-insured retentions must be declared (All Policies).

4. **ABSENCE OF INSURANCE COVERAGE**

County may direct Consultant to immediately cease all activities with respect to this Agreement if it determines that Consultant fails to carry, in full force and affect, all insurance policies with coverages at or above the limits specified in this Agreement. Any delays or expense caused due to stopping of work and change of insurance shall be considered Consultant's delay and expense. At the County's discretion, under conditions of lapse, the County may purchase appropriate insurance and charge all costs related to such policy to Consultant.

5. **PROOF OF INSURANCE COVERAGE AND COVERAGE VERIFICATION**

Prior to commencement of work under this Agreement, and annually thereafter for the term of this Agreement, Consultant, or each of Consultant's insurance brokers or companies, shall provide County a current copy of a Certificate of Insurance, on an Accord or similar form, which includes complete policy coverage verification, as evidence of the stipulated coverages. All of the insurance companies providing insurance for Consultant shall have, and provide evidence of, a Best Rating Service rate of A VI or above. The Certificate of Insurance and coverage verification and all other notices related to cancellation or non-renewal shall be mailed to:

List Shipping Address:

Public Health Department, Tobacco Control  
2995 McMillan Ste 282  
San Luis Obispo CA 93401

**Indemnification:**

Consultant shall defend, indemnify and hold harmless the County, its officers and employees from all claims, demands, damages, costs, expenses, judgments, attorney fees, liabilities or other losses that may be asserted by any person or entity, and that arise out of or are made in connection with the acts or omissions relating to the performance of any duty, obligation, or work hereunder. The obligation to indemnify shall be effective and shall extend to all such claims and losses, in their entirety, even when such claims or losses arise from the comparative negligence of the County, its officers and employees. However, this indemnity will not extend to any claims or losses arising out of the sole negligence or willful misconduct of the County, its officers and employees.



The preceding paragraph applies to any theory of recovery relating to said act or omission, by the Consultant, or its agents, employees, or other independent contractors directly responsible to Consultant including, but not limited to the following:

1. Violation of statute, ordinance, or regulation.
2. Professional malpractice.
3. Willful, intentional or other wrongful acts, or failures to act.
4. Negligence or recklessness.
5. Furnishing of defective or dangerous products.
6. Premises liability.
7. Strict Liability.
8. Violation of civil rights.
9. Violation of any federal or state statute, regulation, or ruling resulting in a determination by the Internal Revenue Service, California Franchise Tax Board or any other California public entity responsible for collecting payroll taxes, when the Consultant is not an independent contractor.

It is the intent of the parties to provide the County the fullest indemnification, defense, and "hold harmless" rights allowed under the law. If any word(s) contained herein are deemed by a court to be in contravention of applicable law, said word(s) shall be severed from this contract and the remaining language shall be given full force and effect.

## **II. APPLICATION REQUIREMENTS**

- A. Cover Sheet (Please see Form A and Form B)**
- B. Description of Proposed Program**

Summarize your proposed program. Describe how your agency/organization will coordinate the services of this project with those of any other existing programs. It is important to illustrate how you will enhance and not supplant any existing activities. Identify the number of persons you expect to reach and the units of service to be provided. Describe how you will address the cultural/linguistic needs of the population(s) you intend to serve. Describe how you plan to outreach and serve under-served/isolated communities to reduce barriers, increase utilization of services, and promote better outcomes. Describe how you will implement the strategies you have chosen and the geographic area(s) your program will cover. Be specific. Be sure to explain how your program will promote service integration and collaborate with existing programs.

**C.      Scope of Work**

The Scope of Work is a detailed chart depicting the objectives, activities, timelines, and milestones for the proposed project. A scope of work must be completed and submitted with this proposal. In addition to the objectives, strategies/tasks, indicators, and outcomes, you must also include a timeline. Tell us how and by when you intend to accomplish each task.

**D.      Required Fiscal Documents**

- Line item budget (using form provided)
- Budget justification

**III. APPLICATION INSTRUCTIONS**

**A.      Application Format**

Complete the application according to the following instructions. All forms may be reproduced as needed. Applications must be prepared in accordance with the following format.

1. Applications must be typed and submitted on 8½ by 11 inch paper (double-sided copies). Applications must be unbound. Do not submit over-sized documents (example: legal size 11 by 17 inch budgets).
2. Applications must be single-spaced. Leave a blank space between paragraphs and sections. Use Arial 12 point font. Use 1-inch margins. Spell out numbers less than ten or any numbers that begin sentences. Spell out acronyms before use.
3. Provide a table of contents that includes page numbers. Number all pages of the application consecutively. List appendices in the table of contents, and place them immediately after the budget justification.
4. Complete all forms; and use the sample format for the proposed scope of work, budget, and budget justification.

**B.      Application Cover Sheet, Form A**

Print or type the exact legal/official agency name, address, telephone number and federal employee identification number. The name of the agency/applicant must be exactly the same wherever it is used throughout the application. If funded, this is the name and address that will appear on the ensuing contract. Copies of the contract requiring a signature will be sent to the address listed in this section.

**C. Agency Information, Form B**

- Item 1. Identify the name, title, address and telephone number of the agency director.
- Item 2. Identify the name, title, address and telephone number of the agency fiscal officer.
- Item 3. Identify the name, title, address and telephone number of the project director or the contact person in regards to this application.
- Item 4. Identify alternative contact person and include telephone number.

**D. Agreement and Certification, Form C**

Original signatures in blue ink are required on the original application. SIGNATURE STAMPS ARE NOT ACCEPTABLE.

- Item 1. Agreement: Agency official with the authority to commit the agency to a binding contract needs to sign the statement. Type or print name, title and date.
- Item 2. Certification statement: The agency's authorized representative or chairperson of the agency's governing body must sign the statement.

**E. Description of Proposed Program**

- Brief Agency Description and History including experience or expertise in tobacco cessation or related services -**limit to one page**
- Description of Proposed Cessation Services including evidence to support projected program outcomes (i.e. **"best practices" information or description of demonstrated results**) **limit to two pages**
- Description of Staff Capacity and Expertise to support proposed model of cessation services - **limit to one page**
- Description of Proposed Collaboration with other agencies to deliver proposed model of cessation services, if applicable - **limit to one page**
- Brief description of In-kind Services available to support the proposed model of services (if applicable, please provide detail in budget narrative) – **limit to one page**

**F. Scope of Work – Attachment 1**

Each proposal must use the Scope of Work (SOW) format provided in the Application Instructions to describe its model of cessation services and key activities.

The Baby's First Breath Scope/General Cessation Scope of Work Form for 2007-09 is attached with the required program objectives and evaluation activities (Attachment 1). Prior to the application deadline, Tobacco Control staff is available to answer

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questions regarding terms listed in the Evaluation Activities section (i.e. PEDS, Milestones Reports, etc.)

Please complete the form with proposed program activities, timelines, and tracking measures anticipated to achieve the required goals.

**G. Budget - Attachment 2**

Use the budget format attached to this RFP in attachment 2.

The four main headings—Personnel, Operating Expenses, Other Costs and Indirect Expenses must be included.

Program expenses include service delivery staff, program materials, mileage, training, speakers, subcontracts, etc. Funds cannot be used for the purchase or renovation of buildings, facilities or land, or for equipment purchase. Indirect Expenses are not to exceed 10% of the total proposed budget. No capital expenditures are allowed.

**H. Budget Justification – Attachment 3**

Please follow the instructions and format provided in Attachment 3. Be specific when describing each line item. It is imperative to give detailed information. The justification should be a line-by-line explanation of each piece of the budget. Nothing should be without an explanation. The budget justification should lead to answers, not more questions. Also, please be aware:

- Operating expenses may include, but are not limited to, the following:
  - General: Office supplies, reproduction costs, utilities, computer software, rent.
  - Educational materials: brochures, stop smoking materials.
  - Travel and per diem: Includes travel to program sites, meetings, conferences, and workshops. No out-of-State travel is permitted with these funds.
- Capital expenditures are not applicable to this grant.
- **Indirect expenses may not exceed 10% of the total budget.**

**IV. APPENDICES**

Please include the following items as appendices to your proposal.

1. Appendix A: Certification of 501(c)(3) status, if appropriate
2. Appendix B: Organizational chart including proposed program

**V. REVIEW CRITERIA**

**A. Complete Proposals**

A review committee of representatives from the San Luis Obispo County Health Agency will evaluate proposals that are deemed complete. Individual committee

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members will evaluate and score the proposals based on the degree to which each proposal meets the requirements specified in Section III. Review committee members will average scores, and the resulting score will determine the proposal's ranking. Based on these rankings, the review committee will make recommendations to the San Luis Obispo County Tobacco Control Program, followed by a recommendation to the San Luis Obispo County Public Health Administrator. Points will be awarded as follows:

<b>1. Program Description</b>	<b>32 points</b>
<b>2. Scope of Work</b>	<b>35 points</b>
<b>3. Budget and Budget Justification Narrative</b>	<b>32 points</b>
<b>4. Appendices included and complete</b>	<b>1 point</b>
<b>TOTAL</b>	<b>100 points</b>

**Incomplete Proposals**

Incomplete proposals may not be considered. Proposals will be considered incomplete for any of the following reasons: 1) submitted in a format other than that specified in Section III; 2) lacking appropriate signatures as specified in Section III; 3) goals, objectives, activities and evaluation submitted in a format other than those specified in Section IV; 4) budget and budget justification narrative submitted in a format other than that specified in Section III; 5) appendices specified in Section IV not included; and 6) does not follow any other requirement as outlined in this RFP.

## **VI. RFP CHECKLIST AND FORMS**

Please use this checklist when submitting your RFP package.

- ☐ Original plus three (3) copies of the RFP package (unbound).
- ☐ Funding application information (Form A).
  - ☐ Is the application complete?
- ☐ Agency Information (Form B).
  - ☐ Are agency representatives listed correctly?
- ☐ Agreement and Certification (Form C).
  - ☐ Are signatures in blue ink on original application?
- ☐ Program Description
- ☐ Scope of Work (Attachment 1)
- ☐ Budget (Attachment 2)
  - ☐ Is the budget in the format requested?
  - ☐ Are the Excel formulas correct?
  - ☐ Are Indirect Costs 10% or less of the total budget?
- ☐ Budget Justification Narrative (Attachment 3)
  - ☐ Are all line items fully explained?
  - ☐ Are all personnel positions listed?
  - ☐ Have all math computations been checked and verified as correct?
- ☐ Required Appendices
  - ☐ Certificate of 501(c)(3) status (Appendix A) (***if applicable***)
  - ☐ Organizational chart including proposed program (Appendix B)

Form A

**TOBACCO CESSATION SERVICES FUNDING APPLICATION  
SAN LUIS OBISPO COUNTY: FISCAL YEARS 2007-09**

**1. OFFICIAL AGENCY NAME AND ADDRESS:**

Indicate address as it is to appear on contract.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Employee ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**2. TARGET GROUP(S):**

Indicate the target groups and total cost to serve that target group for which you are applying.

- ☐ Pregnant women and parents of children up to six months of age and who smoke or use tobacco products.

Total cost to provide services to this population: \_\_\_\_\_

- ☐ Parents and other family members of children six months to 5 years of age and who smoke or use tobacco products.

Total cost to provide services to this population: \_\_\_\_\_

- ☐ Clients from the general population who smoke or use tobacco products.

Total cost to provide services to this population: \_\_\_\_\_

**3. Total Amount Requested for FY 2007/09: \$\_\_\_\_\_**

**AGENCY INFORMATION**  
(Please type or print all information)

**1. Director**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**2. Fiscal Officer**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**3. Contact Person/Project Director**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**4. Alternative Contact Person**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



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**FORM C**

**AGREEMENT AND CERTIFICATION**

1.      Agreement: To be completed by all proposers.

The undersigned hereby affirms that the statements contained in the proposal package are true and complete to the best of the applicant's knowledge, and further, understands that this is a public document, which is open to public inspection.

---

Original Signature \_\_\_\_\_ Title \_\_\_\_\_

---

Name (type or print) \_\_\_\_\_ Date \_\_\_\_\_

2.      Certification Statement: To be completed by all proposers.

I certify that this program will comply with all federal, State and local legal requirements pertaining to the program. I understand that the San Luis Obispo County Tobacco Control Program will use materials submitted by this agency as a guide for program consultation and assessment.

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Original Signature \_\_\_\_\_ Title \_\_\_\_\_

---

Name (type or print) \_\_\_\_\_ Date \_\_\_\_\_

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Scope of Work - Cessation Services  
Fiscal Period July 1, 2007-June 30, 2009

Attachment to RFP - 1

### Baby's First Breath & General Cessation Scope of Work/Evaluation Plan

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<b>Person Responsible</b>
<p><b>1. Objective:</b>  1A By June 30, 2009 to provide tobacco cessation services to at least 50 pregnant women and parents of newborns, ages 0-6 months, annually.  1B By June 30, 2009 to achieve at least a 25% tobacco quit rate at six months after cessation program enrollment as self-reported by pregnant women and parents of newborns.</p> <p><b>A. Activities</b>  To be completed by proposer</p>	<p>To be completed by proposer</p>	<p>To be completed by proposer. May be same as Tracking Measures under Evaluation Activities.</p>	<p>Cessation Contractor</p>

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of Children Age 0-5, and the General Population**

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<u>Person Responsible</u>
<p><b>B. Evaluation Activities:</b>  <u>Data Collection</u>            1e Operation of cessation activities will be evaluated through:                1.1e Quantitative data to include:                    number of referrals of pregnant women/parents of newborns;                    number of participants not completing program; number of participants completing program;                    number of participants by type of service; number of participants utilizing NRT; number of participants utilizing services after receiving mailed materials; and self-report quit rates at three, six, and twelve months.                1.2e Qualitative data to include: client satisfaction survey report; and anecdotal accounts of successes, barriers, etc.                1.3e Complete PEDS Client Data Collection Tool. Enter client data into PEDS.                1.4e Complete PEDS Systems Change/Support Data Collection Tool.                1.5e Complete PEDS Provider Capacity Building/ Support Data Collection</p>	<p>Quarterly Reports</p>	<ul style="list-style-type: none"> <li>• Tracking Measures (listed above)</li> <li>• PEDS Client Data Collection Tool</li> <li>• PEDS Systems Change/Support Data Collection Tool</li> <li>• PEDS Provider Capacity Building/ Support Data Collection Tool</li> <li>• PEDS Community Strengthening Efforts Data Collection Tool</li> <li>• Client Satisfaction Survey Report</li> <li>• Telephone Follow-up Tracking</li> <li>• Milestones Narrative Report</li> </ul>	<p>Cessation Contractor &amp; Tobacco Control Staff</p>

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**Tobacco Cessation Program for Pregnant Women, Parents of Newborns, Other Family Members  
of Children Age 0-5, and the General Population**

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<b>Person Responsible</b>
<p>Tool.</p> <p>1.6e Complete PEDS Community Strengthening Efforts Data Collection Tool.</p> <p>1.7e Enter data into PEDS.</p> <p>1.8e Complete Milestones Narrative Report.</p>			
<p><b>2. Objective:</b></p> <p>2A By June 30, 2009 to provide tobacco cessation services to at least 50 parents and family members of children, ages 6 months to 5 years, annually.</p> <p>2B By June 30, 2009 to achieve at least a 25% tobacco quit rate at six months after cessation program enrollment as self-reported by parents and family members of young children.</p> <p><b>A. Activities</b></p> <p>To be completed by proposer</p>	<p>To be completed by proposer</p>	<p>To be completed by proposer. May be same as Tracking Measures under Evaluation Activities.</p>	<p>Cessation Contractor</p>

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**Tobacco Cessation Program for Pregnant Women, Parents of Newborns, Other Family Members  
of Children Age 0-5, and the General Population**

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<u>Person Responsible</u>
<b>B. Evaluation Activities:</b> <u>Data Collection</u> 2e Operation of cessation activities will be evaluated through: 2.1e Quantitative data to include: number of referrals of parents and family members of young children; number of participants not completing program; number of participants completing program; number of participants by type of service; number of participants utilizing NRT; number of participants utilizing services after receiving mailed materials from BFB; and self-report quit rates at three, six, and twelve months 2.2e Qualitative data to include: client satisfaction survey report; and anecdotal accounts of successes, barriers, etc. 2.3e Complete PEDS Client Data Collection Tool. Enter client data into PEDS. 2.4e Complete PEDS Systems Change/Support Data Collection Tool 2.5e Complete PEDS Provider Capacity Building/ Support Data Collection	Quarterly Reports	<ul style="list-style-type: none"> <li>• Tracking Measures (listed above)</li> <li>• PEDS Client Data Collection Tool</li> <li>• PEDS Systems Change/Support Data Collection Tool</li> <li>• PEDS Provider Capacity Building/ Support Data Collection Tool</li> <li>• PEDS Community Strengthening Efforts Data Collection Tool</li> <li>• Client Satisfaction Survey Report</li> <li>• Telephone Follow-up Tracking</li> <li>• Milestones Narrative Report</li> </ul>	Cessation Contractor & Tobacco Control Staff

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**Tobacco Cessation Program for Pregnant Women, Parents of Newborns, Other Family Members  
of Children Age 0-5, and the General Population**

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<b>Person Responsible</b>
<p>Tool</p> <p>2.6e Complete PEDS Community Strengthening Efforts Data Collection Tool</p> <p>2.7e Enter data into PEDS.</p> <p>2.8e Complete Milestones Narrative Report.</p>			
<p><b>3. Objective:</b></p> <p>3A By June 30, 2009, to provide tobacco cessation services to at least 150 clients <u>other</u> than parents and family members of children, ages 0-5, annually.</p> <p>3B By June 30, 2009, to achieve at least a 25% tobacco quit rate at six months after cessation program enrollment as self-reported by clients receiving general cessation services (clients other than parents and family members of young children).</p> <p><b>A. <u>Activities</u></b></p> <p>To be completed by proposer</p>	<p>To be completed by proposer</p>	<p>To be completed by proposer. May be same as Tracking Measures under Evaluation Activities.</p>	<p>Cessation Contractor</p>

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**Tobacco Cessation Program for Pregnant Women, Parents of Newborns, Other Family Members  
of Children Age 0-5, and the General Population**

<u>Objectives / Activities / Evaluation</u>	<u>Timeline</u>	<u>Tracking Measure</u>	<u>Person Responsible</u>
<b>B. Evaluation Activities:</b> <u>Data Collection</u> 3e Operation of cessation activities will be evaluated through: 3.1e Quantitative data to include: number of referrals; number of participants not completing program; number of participants completing program; number of participants by type of service; number of participants utilizing NRT; number of participants utilizing services after receiving mailed materials; and self-report quit rates at three, six, and twelve months 3.2e Qualitative data to include: client satisfaction survey report; and anecdotal accounts of successes, barriers, etc. 3.3e Complete Milestones Narrative Report.	Quarterly  Reports	Client Demographics Report Tool Client Satisfaction Survey Milestones Reports	Cessation Contractor & Tobacco Control Staff

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**Attachment to RFP - 2**

**BABY'S FIRST BREATH & GENERAL CESSATION PROGRAM  
TOBACCO CONTROL - SAN LUIS OBISPO COUNTY  
BUDGET REQUEST**

July 1, 2007 - June 30, 2009

Name of Proposer: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Item	Budget Request July 1, 2007- June 30, 2008	Budget Request July 1, 2008- June 30, 2009	Total
<b>I. PERSONNEL</b>			
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
<b>Subtotal Personnel</b>	<b>0</b>	<b>0</b>	<b>0</b>



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**Tobacco Cessation Program for Pregnant Women, Parents of  
Newborns, Other Family Members of Children Age 0-5, and the  
General Population**

Item	Budget Request July 1, 2007- June 30, 2008	Budget Request July 1, 2008- June 30, 2009	Total
<b>II. OPERATING</b>			
			0
			0
			0
			0
			0
			0
			0
			0
<b>Subtotal Operating Expenses</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>III. INDIRECT</b>			
@ _____ % of Personnel			<b>0</b>
<b>IV. OTHER (Please List)</b>			
			0
			0
			0
			0
<b>Subtotal Other</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Tobacco Cessation Program for Pregnant Women, Parents of  
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ATTACHMENT 3

(CONTRACTOR NAME)  
**BUDGET JUSTIFICATION NARRATIVE**  
Term: July 1, 2007 to June 30, 2009

The Budget Justification Narrative supports each line item in the budget, including a summary of responsibilities for each budgeted position. While not part of the contract agreement, it is part of the contract agreement file. Briefly explain and justify each budget line item.

1. Personnel: List each position that is funded under this budget. If known, include the actual staff name. Include a brief explanation of each position's major responsibilities.

Example:

Dr. Jane Doe, the proposed Cessation Counselor, will spend 25% of her time on the project for 12 months. The \$15,000 requested is 25% of her annual salary of \$60,000.

Dr. John Smith, the proposed Group Leader will spend 30% of his time on the project for 12 months. The \$16,500 requested is 30% of his annual salary of \$55,000.

2. Operating Expenses: Explain and justify items included in this line. Briefly summarize the rationale and assumption used in estimating the cost for each item.

Example:

Operating expenses include \$500 for postage to mail materials all sites. The materials will be large and will require additional postage. The project will also need to mail announcements to all partnerships (a total of 75 announcements).

An additional \$500 is being requested to cover duplication costs associated with the materials and announcements.

A total of \$1,000 is being requested to cover telephone expenses to all partnerships, for technical assistance associated with the project, and for the telephone surveys being conducted.

3. Capital Expenditures: Should be \$0
4. Other Costs: This pertains to costs not applicable to any other specific category including all subcontracts for any or all program services. Identify each cost and provide a brief description. For each subcontract, identify the subcontractor, the scope of work, and total amount of the subcontract. For each subcontract,

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provide a copy of the budget (or proposed budget). Explain the method of how the subcontractor was or will be selected. Include a brief explanation of each subcontractor's major responsibilities.

5. Indirect Costs: This line item is limited to 10% of personnel costs. Explain and justify items included in this line. Briefly summarize the rationale and assumption used in estimating the cost for each item.
6. In-Kind Contributions: Please explain any other funding used to support each intervention, if applicable.